



County of Yolo

www.yolocounty.org

DEPARTMENT OF FINANCIAL SERVICES
PO BOX 1268
WOODLAND, CA 95776

UNCLAIMED WARRANT AFFIDAVIT FOR MULTIPLE PAYEES

We, _____ and _____,
(NAME OF SIGNOR) (NAME OF SIGNOR)

and do hereby state that we are the legal owners or custodians of Yolo County Warrant

No. _____, dated _____, in the amount of \$ _____.

We declare under penalty of perjury that the above information is true and correct to the best of our knowledge and was executed on the ___ day of _____ 20___, at _____, California.

(Please provide proof of address – e.g. Driver's License, Utility Bill or Bank Statement)

Payee Signature	() Payee Telephone
Payee Address	
Payee City, State and Zip code	

Payee Signature	() Payee Telephone
Payee Address	
Payee City, State and Zip code	

State of _____)
County of _____) **SS.**

Subscribed and sworn to (or affirmed) before me on this
_____ Day of _____, _____, by
Date Month Year

Name of Signer

Proved to me on the basis of satisfactory evidence to be
the person who appeared before me.

Affix Notary Seal Above

Signature of Notary Public

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$100.

SEND COMPLETED FORM TO: YOLO COUNTY DEPARTMENT OF FINANCIAL SERVICES, PO BOX 1268. WOODLAND, CA 95776